

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	78					
7						
8	/					
9						
10						
11	1					
12	1					
13	1					
14	1					
15	1					
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49						
50						
TOTAL IND.	/					
TOTAL DEP.	25					
TOTAL CLAIMS	29					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								1
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TOTAL CLAIMS								